

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

5

3 COMMITTEE NAME

Vote Yes on Prop 2

OFFICE USE ONLY

Date Received

Date Hand-delivered Date Postmarked

RECEIVED
JUL 15 2005

CITY SECRETARY

4 COMMITTEE ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

5440 Alder
Houston, Tx 77081

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Bruce R.
Hbtze

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

5440 Alder
Houston, Tx 77081

7 CAMPAIGN TREASURER'S MAILING ADDRESS

☐ Change of Address

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(713) 664-7333 1831

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Exceeded \$500 limit

☒

July 15

☐

8th day before election

☐

Dissolution (attach PAC-DR)

☐

Runoff

☐

10th day after campaign treasurer termination

10 PERIOD COVERED

Month

Day

Year

Month

Day

Year

1 / 1 / 05

THROUGH

6 / 30 / 05

11 ELECTION

ELECTION DATE
Month Day Year

11 / 2 / 04

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

**12 COMMITTEE
NAME**
ACCOUNT #
(Ethics Commission filers)

Vote Yes on Prop 2

**13 COMMITTEE
PURPOSE**

 (Attach lists on plain
paper to complete this
report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME
☐ **SUPPORT**
(Candidate or Measure)

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
☐ **OPPOSE**
(Candidate or Measure)

BALLOT IDENTIFICATION / #
ELECTION DATE
Month Day Year

☐ **ASSIST**
(Officeholder)

☒ **MEASURE**

11/2/04

DESCRIPTION

Charter Amendment

**14 CONTRIBUTION
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ 0

**2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ 1000.00

**EXPENDITURE
TOTALS**
3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 6906.00

**CONTRIBUTION
BALANCE**
**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF THE REPORTING PERIOD**

\$ 166.37

**OUTSTANDING
LOAN TOTALS**
**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD**

\$ 72000.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Bruce R. Hotze

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Bruce R. Hotze, this the 15th day
of July, 20 05, to certify which, witness my hand and seal of office.

Susan Bickham
Signature of officer administering oath

Susan Bickham
Printed name of officer administering oath

Executive Asst.
Title of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A: 1

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/18/05

5 Full name of contributor

☐ out-of-state PAC (ID#)Oceaneering International, Inc.

6 Contributor address; City; State; Zip Code

Houston, TX 772187 Amount of
contribution (\$)1000.008 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan

1/18/05

7 Name of lender

Bruce Hotze

☐ out-of-state PAC (ID# _____)

9 Loan Amount (\$)

6000.00

6 Is lender a financial institution?

Y

(N)

8 Lender address; City; State; Zip Code

5440 Alder

Houston, Tx 77081

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 GUARANTOR INFORMATION

☐ not applicable

16 Name of guarantor

17 Guarantor address; City; State; Zip Code

18 Amount Guaranteed (\$)

19 Principal Occupation

20 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# _____)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 1

2 FILER NAME

Vote Yes on Prop 2

3 ACCOUNT # (Ethics Commission filers)

4 Date

1/17/05

5 Payee name

Southwest Bank of Texas

6 Payee address; City; State; Zip Code

P.O. Box 27459Houston, Tx 77227

7 Amount (\$)

28.50

8 Purpose of payment (See instructions regarding type of information required.)

Bank fee

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/9/05

Payee name

Omni Information Services

Payee address; City; State; Zip Code

P.O. Box 1607Friendswood, Tx 77549

Amount (\$)

6877.50

Purpose of payment (See instructions regarding type of information required.)

Telephone Calls

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED